

215045272
67326

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|------|--------------------------|--|---|---|---|--|
| 1 | Total Number of Vehicles | Local No./ District 195 | Agency Case No. B5-102671 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y 11/03/2015 | | S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time) | | STATE USE ONLY |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | TIME OF ACCIDENT 0518 | POLICE NOTIFIED 0522 | 11/03/2015 |
| B | 50 | ROAD ON WHICH ACCIDENT OCCURRED | | STREET/ HIGHWAY NO. N 84 St | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE |
| C | 5 | DISTANCE FROM MILEPOST | FEET | N S E W | OF MILEPOST | HIGHWAY NO. |
| D | 1 | IF AT INTERSECTION | | IF NOT AT INTERSECTION | | |
| V1/M | 14 | NAME OF INTERSECTING ROADWAY | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING |
| V2/M | | 276.00 | | X | | Havelock Ave |
| E | 1 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | |
| F | 1 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| G | 4 | VEHICLE NO. 1 | | | | |
| H | 2 | DRIVER LICENSE NO. | H12924991 | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |
| I | 1 | DRIVER | NATHAN A SCHNEIDER | | PHONE 402-202-0668 | LOCAL NO. |
| J | 1 | DRIVER ADDRESS | 2729 S 40TH ST, LINCOLN, NE 68506 | | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) 05/23/1987 |
| K | 1 | OWNER | MARY E LOWE | | PHONE 402-416-3377 | LOCAL NO. 03-26-1963 |
| L | 1 | OWNER ADDRESS | 3034 S 41 St, Lincoln, NE 68506 | | CITY, STATE, ZIP | CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO |
| M | 2 | LICENSE PLATE | PA NO. RSK652 | YEAR (Plate Expires) | 2015 | STATE (Of Plate) NE |
| N | 2 | VEHICLE | 2004 | MAKE | Chrysler | MODEL SLI |
| O | 2 | VEHICLE ID NO. (VIN) | 1C3EL55R74N365998 | | BODY STYLE | 4 door Sedan |
| P | 2 | VEHICLE ID NO. (VIN) | 1C3EL55R74N365998 | | COLOR | silver / chrome |
| Q | 2 | VEHICLE ID NO. (VIN) | 1C3EL55R74N365998 | | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ 2000 |
| R | 2 | VEHICLE ID NO. (VIN) | 1C3EL55R74N365998 | | INSURANCE COMPANY | Farmers Mutual |
| S | 2 | TOWED TO | Performance Dodge | | TOWED BY | Capitol Towing |
| T | 2 | TOWED TO | Performance Dodge | | POLICY NO. | AU279910 |
| U | 2 | VEHICLE NO. 2 | | | | |
| V | 1 | DRIVER LICENSE NO. | | | STATE (Of License) | |
| W | 1 | DRIVER | | | PHONE | |
| X | 1 | DRIVER ADDRESS | | | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) |
| Y | 1 | OWNER | | | PHONE | |
| Z | 1 | OWNER ADDRESS | | | CITY, STATE, ZIP | CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO |
| AA | 2 | LICENSE PLATE | NO. | YEAR (Plate Expires) | | STATE (Of Plate) |
| AB | 2 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE |
| AC | 2 | VEHICLE ID NO. (VIN) | | | COLOR | ESTIMATED DAMAGE |
| AD | 2 | VEHICLE ID NO. (VIN) | | | INSURANCE COMPANY | <input type="radio"/> TOALED \$ |
| AE | 2 | TOWED TO | | | TOWED BY | POLICY NO. |
| AF | 2 | TOWED TO | | | TOWED BY | POLICY NO. |
| AG | 2 | Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | |
| AH | 0 | NAME | Daria Springer 8625 Oakmont Dr, Lincoln, NE 68526 | | DATE OF BIRTH (MM / DD / YYYY) | 12/15/1970 |
| AI | 0 | LOCAL NO. | MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General) | | EMS SERVICE NAME | Lincoln Fire & Rescue |
| AJ | 0 | NAME | Nancy J Johnson 9225 Merryvale Dr, Lincoln, NE 68526 | | DATE OF BIRTH (MM / DD / YYYY) | 08/28/1977 |
| AK | 0 | LOCAL NO. | MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General) | | EMS SERVICE NAME | Lincoln Fire & Rescue |
| AL | 0 | NAME | | | DATE OF BIRTH (MM / DD / YYYY) | |
| AM | 0 | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | |

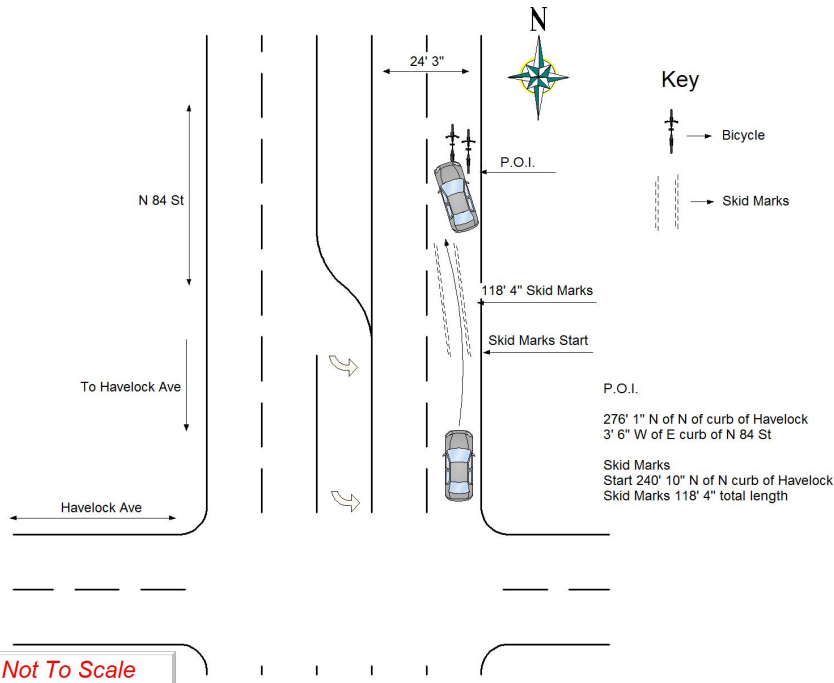
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-102671



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said he was north bound on N 84 St travelling at approximately 40mph in the outside lane of travel. Two bicyclist's were travelling north bound in the outside lane of N 84 St wearing reflective clothing, helmets and lights. V1 swerved slightly and then struck both bicyclist's with the front of his vehicle. Skid marks measured at scene, photographs and measurements taken at the scene (by 1701). Both cyclists were transported to Bryan West for medical attention.

| | | | | | |
|---|---|---|--|--|--|
| PROPERTY | OBJECT DAMAGED Trek Bicycle | OWNER NAME Daria Springer | ADDRESS 8625 Oakmont Dr, Lincoln, NE 68526 | PHONE 402-440-4259 | APPROX. COST OF DAMAGE \$ 500 |
| | OBJECT DAMAGED Prestige Bicycle | OWNER NAME Nancy J Johnson | ADDRESS 9225 Merryvale Dr, Lincoln, NE 68526 | PHONE 402-770-2041 | APPROX. COST OF DAMAGE \$ 1500 |
| WITNESSES | NAME ADDRESS | | | | PHONE |
| | NAME ADDRESS | | | | PHONE |
| VEHICLE MOVEMENT BEFORE COLLISION | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | AIRBAG DEPLOYED VEHICLE 1 | RESTRAINT USE VEHICLE 1 |
| VEH NO. | N S E W | ROAD OR HIGHWAY NAME | | | |
| 1 | X | N 84 St | | 4 | 2 |
| 2 | | | | | |
| 1 | 01 | 06 Turning left | | 1 Deployed - front | 1 None used - vehicle occupant |
| 2 | | 07 Making U-turn | | 2 Deployed - side | 2 Lap & shoulder belt used |
| | | 08 Entering traffic lane | | 3 Deployed - both front/side | 3 Shoulder belt only used |
| | | 09 Leaving traffic lane | | 4 Not deployed | 4 Lap belt only used |
| | | 10 Parked | | 5 Not applicable/ No airbag available | 5 Child safety seat used |
| | | 11 Slowing or stopped in traffic | | 6 Unknown | 6 Child booster seat used |
| | | 12 Other | | | 7 DOT approved helmet used |
| | | 13 Unknown | | | 8 Costume helmet used |
| | | | | | 9 Restraint use unknown |
| OFFICER NO. 1757 | | TROOP/ TEAM/ BEAT 11 | | DEPARTMENT Lincoln Police Department | |
| INVESTIGATOR NAME (Print or Type) Alex Stover | | INVESTIGATOR SIGNATURE Approved by Officer Alex Stover | | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| DATE OF REPORT 11/03/2015 | | | | | |